

MULTIPLE DEPEN.  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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41	1					
42	1					
43	1					
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45	1					
46	1					
47						
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49						
50						
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	23	←		←	←	←
TOTAL CLAIMS	24	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]